

09/715894

PATENT APPLICATION FEE DETERMINATION RECORD

Application for Doctor's Number

3033320-100

CLAIMS AS FILED - PART I					SUZEE/20100			
(Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEES		RATE	FEES
BASIC FEE (37 CFR 1.16(e))					\$ <u> </u>	OR		\$ <u> </u>
TOTAL CLAIMS (37 CFR 1.16(c))	17	minus 20 =	+ 0		\$ <u> </u>	OR		\$ <u>710.00</u>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1	minus 3 =	+ 0		\$ <u> </u>	OR	\$ <u>18</u>	\$ 0.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					\$ <u> </u>	OR	\$ <u>59</u>	\$ 0.00
* If the difference in column 1 is less than zero, enter "0" in column 2					\$ <u> </u>	OR	\$ <u> </u>	\$ 0.00
				TOTAL	\$ <u> </u>	OR	TOTAL	\$ <u>710.00</u>

* If the difference in column 1 is less than zero, enter "0" in column 2

TOTAL

TOTAL OR TOTAL

1/28/05

CLAIMS AS AMENDED - PART 1

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	
				RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	• 18	Minus	• 20 - Ø	\$ ____ -	/
Independent (37 CFR 1.16(b))	• 3	Minus	• 3 - Ø	\$ ____ -	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				\$ ____ -	/
				\$ ____ -	/
				\$ ____ -	/
				\$ ____ -	/
				TOTAL ADDT. FEE	/
				OR TOTAL ADDT. FEE	/

4/4/

AMENDMENT #	(Column 1)		(Column 2)		(Column 3)		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	NUMBER OF CLAIMS	CLAIMS REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
Total (37 CFR 1.16(c))	• 19	Miles	• 20	-			\$ ____ -	OR \$ ____ -		
Independents (37 CFR 1.16(b))	• 3	Miles	• 3	-			\$ ____ -	OR \$ ____ -		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))										

A 21/08

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	MISSES	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	• 20	Misses	• 20	-	\$ ____ -	RATE
Independence (37 CFR 1.16(b))	• 4	Misses	• 3	- 1	\$ ____ -	ADDITIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR \$ ____ -
						OR \$ ____ -
						OR \$ ____ -
						OR \$ ____ -
TOTAL						TOTAL

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If the entry in column 1 is less than the entry in column 2, write "0" in column 1.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".